Registration Form for Finis Jhung Teacher Training Worskhop

Name:_____

_____

Name of Studio you teach or attend

_____

Studio Address: City State Zip

_____

Your Mailing address: Street City State Zip

Home Phone: _____

Work phone: _____

Email address: _____

_____ _____ _____

Credit Card Number

☐ **VISA** ☐ **MasterCard** **Exp:** ____/____

☐ **$60 Housing Fee Included** **Total Amount Included $**_____

Please make checks payabel to Ohio Dance Theatre
Check enclosed ☐ **Money Order enclosed ☐**

Have you attended a previous Finis Jhung Workshop ? Yes☐ No☐

How did you hear about the Workshop? _____

Space is limited! To insure availability, please register early! NO REFUNDS

Please complete and return to:
Ohio Dance Theatre
39 South Main Street
Oberlin, OH 44074